

## ALASKA'S EMSC PROGRAM WINS NATIONAL AWARD

### ALASKA EMERGENCY MEDICAL SERVICES EARNS NATIONAL AWARD

Alaska's Emergency Medical Services (EMS) program has been recognized nationally for its efforts to improve services for children, Gov. Tony Knowles announced. Alaska's EMS program received one of nine "National Hero Awards" at a recent National Congress on Childhood Emergencies conference in Washington, D.C.

"Accidents are the number one cause of death for Alaska children and teens and I am proud of the efforts the state has made to address this serious problem," Knowles said. "This national recognition of our efforts demonstrates that we are working effectively to protect our children and I congratulate all those involved in the program."

Alaska's Emergency Medical Services for Children (EMSC) program has made significant progress over the past 10 years. The national award cited several examples:

- Pediatric surveys of hospitals, clinics, and ambulance services;
- More than 20 different injury prevention projects;
- Instructor courses for pre-hospital EMS providers, school nurses, and hospital personnel;
- Purchase and distribution of pediatric EMS equipment and training products to volunteer EMS first responder and ambulance services throughout the state.

The award also cited several one-of-a-kind publications by the Alaska EMSC program, including the Alaska Medevac Manual, the Family Resource Guide, and ASK, a survey tool to help assess whether an adolescent's illness or injury was unintentional or self-inflicted.

Alaska was also recognized for developing a widely re-

spected gatekeeper suicide prevention program, which was developed in collaboration with the Hawaii EMS for Children program to reduce the incidence of youth suicide among Alaskans, Native Americans, and Hawaiians.

The Alaska EMS for Children program was commended for its collaborations with more than 25 government, education, medical, and private partners through the state. The award specifically honored the EMSC state project team: Mark Johnson, Doreen Risley, Matt Anderson, Pat Carr, David Thomson, Alice Rarig, Martha Moore, Larry Bussone, and Lance Brown. Sharon Lobaugh also was a valuable member of the staff prior to her retirement in 1998.

The National Congress on Childhood Emergencies, which presented the awards, was co-sponsored by the Maternal and Child Health Bureau, in the Health Resources and Services Administration, and by the National Highway Traffic Safety Administration.

### *Emergency Medical Services for Children Alaska Facts & Figures*

- Accidental injury is the number one cause of death for Alaska children and teens.
- Unintentional and intentional injury fatalities make up almost half of all child and teen fatalities.
- The injury fatality rate for children and youth exceeds the U.S. rate by 60 percent.
- Death rates among youth are significantly greater than



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Tony Knowles, Governor  
Karen Perdue, Commissioner

## RESPONSE: EMS Alaska

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those of the U.S.

population in most major injury categories, including firearm, drowning, suicide, suffocation, fire, poisoning, and choking.

- The residential fire death rate for Alaska children aged four and younger is over four times the national rate.
- The drowning rate for children age four and under was 59 percent greater than the national rate.
- Motor vehicle crashes are the leading cause of death for Alaskans aged 16 through 20, and cause almost 50 percent of the unintentional injury deaths for this age group.
- In 1995, 88 percent of high school students and 83 percent of middle school students reported that they do not wear helmets when riding a bicycle.
- 10 percent of new mothers do not use a car seat for their newborns.
- Alaska Native children and teens were killed and hospitalized due to injury at over twice the rate of any other racial group in Alaska from 1991 through 1994.

### *Preventing serious injuries and fatalities*

- Be sure children are properly restrained when riding in passenger vehicles;
- Require all children and youth on bicycles, ATVs, snow machines, and motorcycles to wear helmets;
- Working smoke alarms in residences;
- Wear personal flotation devices when riding in boats;
- Keep firearms away from children, preferably in locked cabinets;
- Keep choking hazards, medicines, and poisons away from small children;
- Never shake a baby;
- Place sleeping infants on their backs.

For more information on the Alaska Emergency Medical Services for Children program, contact Doreen Risley or Matt Anderson at the Section of Community Health and EMS, Division of Public Health, 907-465-3027.

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## And the EMSC Award Goes to...

*By Matt Anderson*

The Alaska EMS for Children program, capably run by Doreen Risley, spends much of its time focusing on unmet needs and looking towards the future. It was, therefore, a wonderful, and humbling, surprise to us to receive this award. Our current EMSC efforts are built on a strong foundation established by many of the EMSC grants of the early '90s and have always required the support and encouragement of many persons and agencies. The EMS for Children project would not have been nearly as effective had it not been for the efforts of our colleagues in the Regional EMS Offices, the current and past EMS for Children steering committees, and the sage advice of those caring for sick and injured children. We have quite a way to go to fulfill our ambitions for the EMSC program in Alaska. The award not only reminds us of how far we've really come but of those who have helped us get there.

## 1999 EMS SYMPOSIUM SKILLS COMPETITION AWARD WINNERS

### Skills Competition Winners

A belated congratulation to the winners of the 1999 State EMS Skills Competition! It takes special enthusiasm and courage to perform emergency medical skills under the unblinking gaze of colleagues and friends. All of the teams in the 1999 event are to be commended for the time they devoted to preparation and competition.



**1st Place**  
**Seward Volunteer Ambulance Corps**  
**Miki Waldron, EMT-II**  
**Heather MacQuarrie, EMT-II**



**2nd Place**  
**Boy Scouts of America**

Jerimiah Grantham, EMT-I  
Nathan Miller, CPR/First Aid



**3rd Place**  
**Anchor Point VFD**

Jay Graham, EMT-I  
Johann Willrich, EMT-I  
Mari Turtainen

**4th Place**  
**Nome VFD**

Ben Iknokinok, EMT-I  
Clyde Iyatunguk, EMT-I



**5th Place**  
**Unalaska**

Scott Darsney, EMT-III  
Colette Lieberg, EMT-II



## EMS Week 2000

*By Matt Anderson*

Like many administrators, I get a ton of mail. Most of it is unremarkable and quickly triaged into familiar categories. Every once and awhile, however, I open a letter which causes me to reflect on the many reasons why I feel privileged to be involved in the field of EMS in Alaska. The person who wrote the letter related that he was a passenger on a flight to Japan originating in the Pacific Northwest when he suddenly became seriously ill, causing the flight to be diverted to Anchorage to be met by the ambulance. He said of the paramedics meeting his flight, "I regret not knowing their names or even their affiliations, but I will always remember their skill and kindness. These people exhibited the height of professionalism coupled with a level of humanity and caring that is unfortunately difficult to find in some places, but obviously not in Anchorage." This is a letter that was a pleasure to share with the Anchorage Fire Department. I know that similar scenarios play out on a frequent basis throughout the state. For some visitors to Alaska, the memories will not be of killer whales, mountains, glaciers and wildlife but will be of how our EMS system cared for their friends and family. I see evidence every day of how hard the paid and unpaid EMS professionals who make up our EMS system work to be ready when the call comes. As we celebrate EMS week this year from May 14<sup>th</sup> – 20<sup>th</sup>, it is clear that in an EMS system with a motto of **Neighbor Helping Neighbor**, our neighborhood is much larger than we might realize.

## AED Helps Save Two Workers on the North Slope

By Steve Langston

Arco's physician on the North Slope, Dr. Bruce Packard, procured twelve First Save Automatic External Defibrillators (AED's) about three years ago. They are located at each of the major facilities and in the main housing camps in Kuparuk and on the eastern side of Prudhoe Bay. There are about 2,000 people working in the area. Dr. Packard says, "Everyone that is trained for CPR is also trained for AED usage. This first responder capability is the key to a good program." That proved to be true, twice, in less than two years.

On April 6, 2000, at 1:09 p.m., Mr. GP entered the Main Construction Camp (MCC) and collapsed in the lobby area near the security desk. Officer BJ Wood activated the 911 system. Officers Ed Bulawa and Tom Reeder quickly assessed the patient and started CPR. With the help of Officer Larry Zoncki the AED was attached within less than a minute. The AED automatically went into the analyze mode and, after a few seconds, began charging. Officer Reeder said later, "when the AED went from analyze to CHARGING it really got my attention - I knew we would be defibrillating." After the first shock was delivered, the machine went into the analysis mode for the second time. The AED prompted that no shock was advised and to check for pulse. About this time, Dr. Packard arrived from the clinic. CPR was continued until pulse returned and the patient started to breathe on his own. When Officer Bob Balazs and Lieutenant Ken Foster arrived with O<sub>2</sub> and a stretcher, the patient was transported to the clinic where Dr. Packard and Fire Department EMT's administered additional treatment.

Dr. Packard said later that the AED performed as specified, "the download from the code showed V-fib to which the machine shocked. When asystole or other rhythms were seen, it properly advised CPR." The patient regained consciousness in the clinic, and at about 5:00 pm was transported by LifeGuard Aircraft to Providence Hospital in Anchorage.

As remarkable as this event is, it isn't the first time the AED has been used to save a life at MCC. At 2:28 p.m. on September 22, 1998, Security Officer Ed Bulawa was summoned to the third floor lounge. JM was unconscious with his airway being maintained by co-worker, Robert Zentmire. Officer Bulawa assessed the patient and started CPR. Officer Kevin Foster arrived with the AED and attached it to the patient. The AED analyzed the patient and Officer Foster was advised to deliver a shock. After the first shock, the AED went into analyze mode and advised to check pulse. They had a pulse. P.A. Jim Duchanin arrived from the clinic and, with help from Fire

Department personnel, intubated the patient and transported him to the clinic. Later that evening LifeGuard Alaska transported the patient to Anchorage. After returning to work, JM asked Officer Foster "Who zapped me?" When Foster told him he had, JM replied, "At least you didn't have to give me mouth to mouth!" JM plans on taking CPR and AED classes in the future. JM lives in Las Vegas and said, "my physician told me that if this event had taken place in the lobby of our hospital I might not have survived - they may not have had an AED in the hands of a trained person as quickly."

Dr. Packard said later, "On both occasions, prompt response with the AED and shocking was vital to re-establishing a perfusing rhythm. Additional delay to the first shock would have likely made successful resuscitation difficult or impossible." Officer Ed Bulawa was on scene with the AED for both events. Officer BJ Woods says some of Ed's co-workers are trying to design an AED harness so he can carry it with him wherever he goes! These incidents prove the effectiveness of readily available AEDs in the hands of trained co-workers and professional rescuers.

## Barker Named to State EMS Training Committee



Mark Barker, Supervisor of Fire Service Training within the State Fire Marshal's Office, was appointed to the State EMS Training Committee by the Alaska Council on Emergency Medical Services at its last meeting. Mark is well known in both the fire and EMS communities. He started as a volunteer firefighter in high school, was a member of the University of Alaska Fairbanks Fire Department, and served as Chief of the Bethel Fire Department from 1981 - 1992 before assuming his current position. He fills the Department of Public Safety seat on the Training Committee. Other Committee members include: **Steve O'Connor** (Chair), Alaska Council on EMS; **Robert Purcell**, Alaska Fire Chiefs Association; **Jodi Zufelt**, Southern Region EMS Council, Inc.; **David Rockney**, Interior Region EMS Council, Inc.; **Rob Janik**, Southeast Region EMS Council, Inc.; **Gary Judd**, North Slope Borough EMS; **Sharon Peabody**, Community Health Aide Program; **Mike Owens**, Norton Sound Health Corporation; **Bill O'Brien**, Yukon-Kuskokwim Health Corporation; **Aggie Lie**, Manillaq Association; **Scott Dull, M.D.**, State EMS Medical Director; and **Matt Anderson** of the State EMS Program.

## EMS DATA PROJECT REPLACES PAPER AMBULANCE SURVEY !!!

By Martha Moore

Well, not exactly. But wouldn't this make a great headline some day? As the EMS data project gets under way, we are increasingly aware that the days of the annual ambulance survey, as we know it, are numbered.

The EMS office and regional offices use these data in grant applications, budgeting, training, and to answer a variety of questions that come up throughout the year about EMS in Alaska. As the 1999 surveys are pouring in, let us take a moment to look at a summary of 1998 data. Please note that this information has been updated from previous reports to include late-responding services.

The 1998 Annual EMS Survey was mailed out to 163 ambulance and first responder services. There were 107 returned surveys, or 66%. One hundred five services completed questions #1 and #2, number of responses and number of patients.

## AND THE SURVEY SAYS...

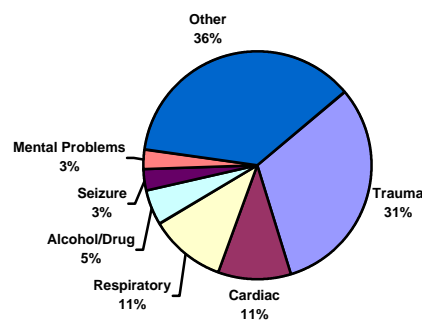
<u>Region (# surveys)</u>	<u>Responses*</u>	<u>Patients</u>
Statewide (105)	40,728	31,649
Interior Region (24)	5,297	4,909
FBX North Star Borough (3)	3,300	3,022
North Slope Borough (8)	1,573	1,039
NW Arctic Borough (1)	613	503
Norton Sound (0)	No data received	
Southeast Region (18)	5,408	4,779
Southern Region (52)	26,923	19,521
Aleutian-Pribilof (9)	550	513
Anchorage (4)	18,371	12,448
Bristol Bay (17)	520	450
Copper River (1)	89	89
Kenai Peninsula (9)	2,202	2,126
Kodiak Island (5)	757	614
Matanuska-Susitna (1)	3,493	2,437
Prince William Sound (6)	444	443
Yukon-Kuskokwim Region (2)	914	898

\*Responses is defined as all EMS calls, to include standby, false alarms, or cancelled runs.

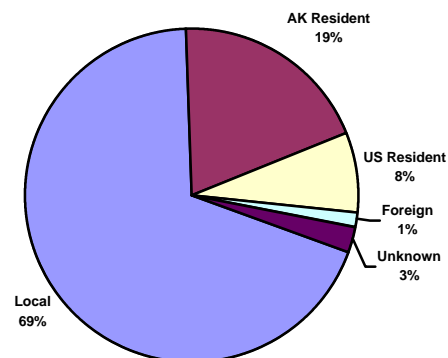
Significant Exposures of

EMS personnel to bloodborne or airborne pathogens.	65	
Agencies that routinely receive information on patient outcomes.	47/107	44%
Agencies that bill for services.	46/107	43%
Agencies that do local fundraising.	58/107	54%
Agencies that get State EMS mini-grants.	60/100	56%
Agencies that benefit by local tax.	26/107	24%

### Patient's Chief Medical Complaint or Injury



### Patient Residence





## **Alaska EMSC Program Leads the Way**

*By Doreen Risley*

There are lots of exciting things happening in the Alaska EMSC Program and a major one is we were the **first** state to sponsor a Pediatric Education for Prehospital Professional (PEPP) course since its national rollout in March. The course was held in Fairbanks as a pre-symposium course at the Interior Region EMS Symposium, April 13, and 14, 2000.

The PEPP course is a continuing education program developed by the American Academy of Pediatrics (AAP) geared to help EMS personnel better assess and manage ill or injured children in the prehospital setting. The course includes instructional slides, CD-ROM PowerPoint presentations, videos and instructor and student textbooks. There are two versions of the course, a one-day Basic Life Support (BLS) course and a two-day Advanced Life Support (ALS) course.

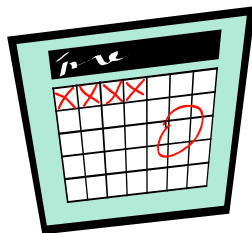
The PEPP course that was held in Fairbanks, was coordinated by Debby Hassel, NREMT-P, and Chuck Kuhns, MICP, who attended the national rollout in Baltimore. They conducted an ALS course which included a course coordinator session that enabled those qualified, to become PEPP course coordinators or instructors. We were very pleased to have representation from throughout the state and now have an additional cadre of 24 course coordinators/instructors. Instructional materials have been purchased for each of the regions, with funds from the EMSC program, and should be available in early May.

The course was well received and comments were favorable. The AAP has assured us they are committed to the course and will continually update materials and provide support. They are in the process of establishing a website at <http://www.peppsite.com> for more information.

The EMSC program plans to sponsor additional courses throughout the state and will have an ALS course coordinators course during the Alaska EMS Symposium in Anchorage, in November. For more information, please call Doreen Risley at 465-8633.

## **25th Annual Alaska EMS Symposium**

It's not too early to start planning for the 25th Annual Alaska EMS Symposium. It will be held in Anchorage, November 9, 10 and 11, 2000 at the Egan Convention Center. The host hotel will be the Anchorage Hilton Hotel.



## **The Alaska Comfort One Program**

*By Matt Anderson*

Earlier this year, within the spate of award shows, there was a category honoring the best shows with the fewest viewers. In a different context, the Alaska Comfort One program would be a contender. The Alaska do-not-resuscitate program was modeled after the successful 'Montana Comfort One Program' and provides a state-wide framework for honoring the wishes of individuals who are terminally ill and do not wish to have life-saving measures, such as cardiopulmonary resuscitation (CPR), performed when their breathing and heartbeat stop.

The program is simple. Once a patient is enrolled in the Comfort One Program, the standardized form, wallet card, or optional bracelet, serve to alert health care providers that the patient has been issued a valid Do Not Resuscitate order and that CPR should not be performed or should be stopped when the identification is discovered. Physicians and physician directed agencies may request the forms from one of the Regional EMS Offices.

For a variety of reasons, including the lack of funding to publicize the program, the number of people in Alaska, including medical professionals, who know about the program is disappointing. Please help us make this important program more widely known and understood by reviewing the Comfort One Protocols available on our web site and by encouraging your colleagues to do the same.

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## **EMS Instructors Take Note**

The National Highway Traffic Safety Administration, a leader in national EMS development, has released a new draft of the "***EMS Education Agenda for the Future: A Systems Approach.***" This document includes rationale and proposals for significant changes in the emergency medical services system. The document discusses national EMS core content, national EMS scope of practice model, national EMS education standards, national EMS certification, and national EMS education program accreditation. We encourage EMS instructors, medical directors, administrators and providers to review this document and to provide comments to the State EMS Training Committee. The ***EMS Education Agenda for the Future*** (not to be confused with the ***EMS Agenda for the Future***), deserves to be read in a critical and unbiased manner and actively discussed with your colleagues in Alaska and elsewhere. The document can be downloaded from the EMS website.

## What are the benefits of trauma center designation?

by Martha Moore

This is a common and a very worthwhile question considering the effort which may be required to achieve trauma center designation. These are the answers given by three of Alaska's Trauma Nurse Coordinators who have gone through the process of setting up a trauma system at their hospitals.



*Barbara Simonsen, Providence Alaska Medical Center:* "The hospital is organized to meet the needs of the trauma patient by having a plan in place. A plan means that the resources for treating trauma are ready and available for all trauma patients. This improves patient outcomes and reduces the stress and vulnerability of the surgeons.

"At Providence we've seen an improvement in patient outcomes, similar to that demonstrated by other hospitals [in the lower 48] that have worked toward trauma center designation. PAMC experienced a significant decline in the death rate of seriously injured patients after a system was put in place."

*Mary Leemhuis, Alaska Native Medical Center:* "All kinds of research proves that patient outcomes are better if handled in an expedient way and a systematic approach. Overall patient outcomes are improved when the hospital staff is organized and mobilized to care for trauma patients. Patients are seen quicker and the process is expedited.

"Every hospital in Alaska has to treat trauma. At ANMC we have found that having a system in place not only improves trauma care, but overall care to all ER patients."

*Charlotte Mielke, Bartlett Regional Hospital:* "It's not the trauma center designation, but the process that makes you grow as a hospital. It's the process of becoming whatever level trauma center your particular facility can achieve.

"The most notable difference was the sudden awareness that Bartlett was going to organize our trauma care. If someone says, 'I have a chest pain' and walks into the ER, we have pathways and protocols. However, trauma is a different animal. It's not consistent and historically we were content with handling each trauma event as it came in and consider that when the patient lives or is transferred out alive, that we've done a good job. Afterward, we'd sit around and try to critique our performance, but we didn't have a standard to use to determine our success.

Now we have defined who is to be called to the trauma codes. We've looked closely at our trauma pathways and protocols and really thought about what we wanted them to say."

## New List Servers On-Line

One of the services provided by the Section of Community Health and EMS is the hosting of internet list servers to facilitate the distribution of information on specific topics. The following list servers are sponsored by CHEMS:

**ak-cism** Critical Incident Stress Management

**ak-data** Alaska Prehospital EMS Data Collection Project

**ak-doc** Physician Medical Direction

**ak-ems** General Alaska EMS Information

**ak-emsc** Emergency Medical Services for Children

**ak-emd** Emergency Medical Dispatch

**ak-prev** Injury Prevention

To subscribe to one or more of these lists, simply send the message subscribe ak-\_\_\_\_ (for example, **subscribe ak-ems**) to [list.manager@list.state.ak.us](mailto:list.manager@list.state.ak.us).

Questions can be directed to [matt\\_anderson@health.state.ak.us](mailto:matt_anderson@health.state.ak.us).

## Stay tuned...

The new and improved CHEMS web site will debut soon. The site will be as informative as ever but will add more efficient navigation and be much more aesthetic. One of the features that users liked most was the ability to check their certification records on-line. We're in the process of adding that capability to the web site and will announce its availability over the ak-ems list server. Lastly, once we migrate the CHEMS web site to a new server, we'll have a new (and shorter!) internet address.

## Telereadiness Survey Coming

The Section of Community Health and EMS, through a contract with S.E.A. Consulting, will be surveying emergency medical personnel, EMS medical directors and EMS agencies this summer to gather information on the use of technology in the delivery and training in emergency medical services in Alaska. The information gleaned through this survey is important to us. Please complete and return the survey soon after it arrives in your mailbox.



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